

FREE & REDUCED APPLICATION—CACFP for Centers—FY 2008

FY 2007-08 FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals, complete this application, sign your name and return the application to the center. WIC participants may be eligible for free or reduced price meals. Please call the following number if you need help: _____

1 Enrolled child or children – Please print.

Name	Age	Food Stamp Case No.	TAFI Case No.	ICCP or FDIPIR NUMBER
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

2 List the **FOOD STAMP, TAFI, ICCP, or FDIPIR** case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. QUEST card # not allowed.

3 FOSTER CHILD: ☐ Check box if applying for a foster child. **Complete a separate application for each foster child (INCLUDE ALL SIBLINGS ON ONE APPLICATION)** List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____ Skip Part 4 and complete Part 5. A social security number is not required for foster parents.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp, TAFI, ICCP or FDIPIR number for each child, skip to Part 5. List all members not listed above. (To figure monthly income: **Weekly x 4.33; Every 2 Weeks x 2.15; Twice a Month x 2**)

TOTAL HOUSEHOLD MEMBERS List the names of everyone in your household except children listed above. (Unless income earned.)	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony (Amount Received)	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that center officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If no Food Stamp, TAFI, ICCP case number is used, a Social Security number is required.

SOCIAL SECURITY NUMBER

☒ ☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

Signature of Adult Household Member

☐ I do not have a Social Security Number

Printed Name of Above Signature

Home Phone No. Work Phone No.

Street/Apt. Number

P. O. Box No.

City State Zip

Date Signed

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Island
☐ Other

PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, ICCP, or FDIPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, TAFI, or FDIPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

MONTHLY INCOME CONVERSION: Weekly X 4.33: Every 2 Weeks X 2.15: Twice a Month X 2

- ☐ FOOD STAMP/TAFI/ ICCP/FDIPIR HOUSEHOLD
☐ INCOME HOUSEHOLD: Total household monthly income: \$ _____ Household size: _____

DENIED:

- ☐ Income Over Allowed Amount
☐ Incomplete/Missing ☐ Other

Application approval expires on date listed below:

- ☐ Free Meals, expires _____
☐ Reduced-Price Meals, expires _____

APPLICATION APPROVED FOR:

- ☐ Free Meals
☐ Reduced-Price Meals
☐ _____

WITHDRAWAL DATE

VERIFICATION RESULTS:

- ☐ No Change ☐ Free to Reduced ☐ Reduced to Free
☐ Ineligible (Reason) _____

Signature of
Determining Official: ☒

Signature of
Verifying Official: ☒

Date

Date
Signed:

Date
Notice Sent:

Date 1st
Notification Sent:

Date 2nd
Notification Sent:

REQUIRED PARENT/GUARDIAN LETTER FY 2008

Dear Parent or Guardian:

Providing child care and early childhood programs at rates that parents can afford is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the Child and Adult Care Food Program cash reimbursement program for meals and/or snacks from the United States Department of Agriculture and the Idaho State Department of Education. This benefits you and your family because it helps us keep the charge for child care low.

To enable us to keep our fee schedule low and provide nutritious food service for children, we need the information requested on the attached *Free and Reduced-price Meal Application*. Please complete, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

In order to be considered eligible for free or reduced price meals, this application form must contain complete documentation of eligibility information including current household income by source and frequency of receipt, the names of all household members, and the social security number of one adult household member 21 years of age or older. If the adult member does not possess a social security number, write "none" and sign and date the form.

Food Stamp, Food Distribution Program in Indian Reservations (FDPIR), Temporary Assistance to Families in Idaho (TAFI), or Idaho Child Care Program (ICCP) households need only supply the names of the children receiving these benefits, the case number, the signature of an adult household member, and date of the signature.

Foster children are eligible for free or reduced price meals regardless of the income of the household in which they reside. Households wishing to apply for such benefits for foster children should complete Part 2 "Foster Child" of the application.

If your child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular meals at the center, we will make any substitutions prescribed by the doctor at no extra charge. Bring to the center the doctor's note that verifies special meals are needed due to the disability and which prescribes the alternate foods needed. This applies to allergies as well.

If your household income is less than or equal to the income levels below, the center receives more reimbursement for the nutritious meals served to your children without additional charge to you.

Income Eligibility Guidelines Effective Dates July 1, 2007 - June 30, 2008

<u>FREE</u>				<u>REDUCED</u>		
Annual	Monthly	Weekly	Household Size	Annual	Monthly	Weekly
13,273	1,107	256	1	18,889	1,575	364
17,797	1,484	343	2	25,327	2,111	488
22,321	1,861	430	3	31,765	2,648	611
26,845	2,238	517	4	38,203	3,184	735
31,369	2,615	604	5	44,641	3,721	859
35,893	2,992	691	6	51,079	4,257	983
40,417	3,369	778	7	57,517	4,794	1,107
44,941	3,746	865	8	63,955	5,330	1,230
+4,524	+377	+87	For each additional family member add:	+6,438	+537	+124

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.